



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
406 444-3134

TRS Office Use Only

NEW MEMBER QUESTIONNAIRE

ALL REQUESTED INFORMATION MUST BE TYPED OR PRINTED LEGIBLY IN DARK INK.

(Member's Printed Name)

____-____-____
(Social Security Number)

(Mailing Address – Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code))

(Area Code and Telephone Number)

(Date of Birth)

Are you retired and receiving a monthly retirement benefit from the Montana Teachers' Retirement System (TRS)?

☐ YES If 'YES,' **DO NOT** complete the remainder of this form. You and your employer *must* contact the TRS to confirm the maximum dollar amount you may earn and still receive your monthly retirement benefit. This form must be returned to the school business office, to be retained by the employer.

☐ NO

Are you currently employed in another position covered by the Montana TRS, with TRS contributions being withheld from your wages?

☐ YES If 'YES,' please indicate the name of your current employer: _____

☐ NO

NOTE: If you are a substitute teacher or a part-time teacher's aide and not a member of the TRS, you must also complete a TRS 'Membership Election Substitute Teacher or Part-Time Teacher's Aide' form.

Membership in the TRS is compulsory for persons employed for at least 210 hours during the school year as teachers, principals, vice-principals, district superintendents, county superintendents of schools, teacher's aides, paraprofessionals, speech therapists, school nurses, school psychologists, guidance counselors and others employed in a teaching or professional position of any public school, state agency or special education cooperative. Upon receipt of your completed 'Record For Membership' form, information regarding your retirement system account will be sent from the TRS office to your home mailing address.

If you were previously employed in a position covered under the Montana TRS and withdrew your account, you are eligible to redeposit this service. Please contact the Montana TRS at (406) 444-3134 to request this or any other information regarding the retirement system.

(Member's Signature)

(Date)

THIS FORM MUST BE RETURNED TO THE SCHOOL BUSINESS OFFICE, TO BE RETAINED BY THE EMPLOYER

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST